

**NAMED INSURED AND ADDRESS:**

B & B REPAIRS AND CONSTRUCTION CORPORATION  
18320 CLINE AVE  
LOWELL, IN 46356

**CERTIFICATE ISSUED TO:**

LAKE COUNTY PLANNING COMMISSION  
2293 N. MAIN STREET  
CROWN POINT, IN 46307

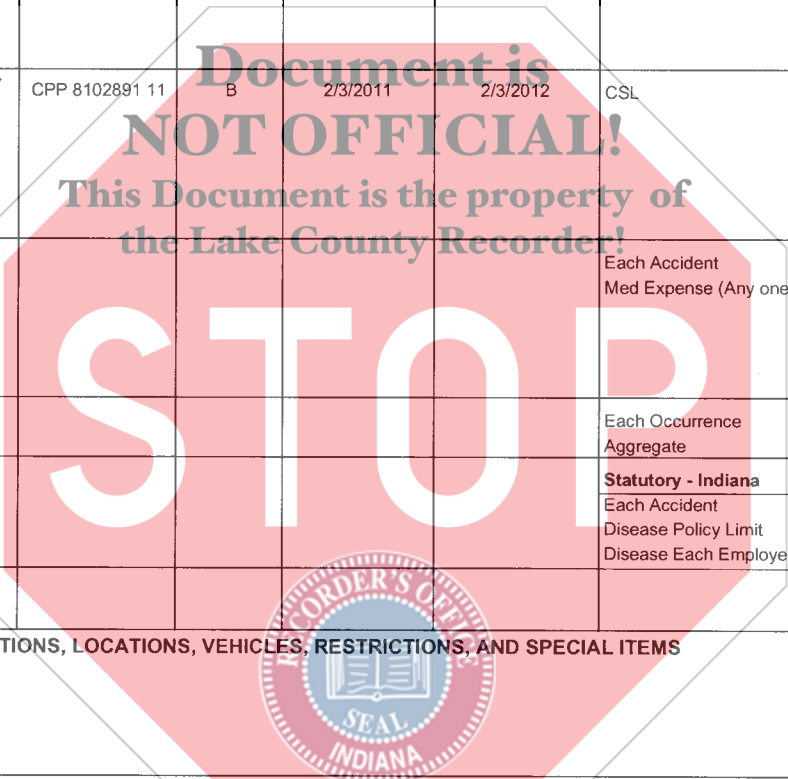
2011 069966

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

**A UFB CASUALTY INSURANCE COMPANY**       **B UNITED FARM FAMILY MUTUAL INSURANCE COMPANY**

The policies of insurance listed on this certificate have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policies described is subject to all terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

| Type of Insurance  | Policy Number  | Company (A/B) | Effective Date | Expiration Date | All Limits in Thousands   |
|--|----------------|---------------|----------------|-----------------|---|
| <b>COMMERCIAL LIABILITY</b><br><input checked="" type="checkbox"/> Commercial General Liability<br><input checked="" type="checkbox"/> Occurrence<br><input type="checkbox"/><br><input type="checkbox"/>                | CPP 8102891 11 | B             | 2/3/2011       | 2/3/2012        | General Aggregate \$ 1,000<br>Prod.-Comp/OPS Aggregate \$ 1,000<br>Personal-Advertising Injury \$ 500<br>Each Occurrence \$ 500<br>Fire Damage (Any one fire) \$ 100<br>Med Expense (Any one person) \$ |
| <b>FARM LIABILITY</b><br><input type="checkbox"/> Equine<br><input type="checkbox"/> Occurrence<br><input type="checkbox"/>  |                |               |                |                 | Each Occurrence \$<br>Med Expense (Any one person) \$   |
| <b>COMM. AUTO LIABILITY</b><br><input checked="" type="checkbox"/> Scheduled Autos<br><input checked="" type="checkbox"/> Hired Autos<br><input checked="" type="checkbox"/> Non-Owned Autos<br><input type="checkbox"/> | CPP 8102891 11 | B             | 2/3/2011       | 2/3/2012        | CSL \$ 500  |
| <b>FARM AUTO LIABILITY</b><br><input type="checkbox"/> Scheduled Autos<br><input type="checkbox"/> Hired Autos<br><input type="checkbox"/> Non-Owned Autos<br><input type="checkbox"/>                                   |                |               |                |                 | Each Accident \$<br>Med Expense (Any one person) \$   |
| <b>UMBRELLA LIABILITY</b>  |                |               |                |                 | Each Occurrence \$<br>Aggregate \$  |
| <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                |               |                |                 | Statutory - Indiana<br>Each Accident \$<br>Disease Policy Limit \$<br>Disease Each Employee \$  |
| <b>OTHER</b>   |                |               |                |                 | \$  |



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2011 DEC -5 PM 3:40  
 MICHAEL J. HAN  
 RECORDER

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**

GENERAL CONTRACTOR

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Should any of the described policies be canceled before the expiration date, the issuing insurer will make an effort to notify the certificate holder named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

12-5-2011  
Date

Mark Hardesty

45S9  
Agent Code

06-996 12-06 12/05/2011  Certificate Holder's Copy     Home Office Copy     Agency Copy     Insured's Copy

#17  
CK# 1068  
CA  
NON  
CONF

10687